

THE C.T. SCAN CAMPAIGN FOR ASBESTOS VICTIMS

c/o C L Y D E S I D E  
ACTION ON ASBESTOS

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*H2* This is a national campaign being launched on behalf of *Scottish* victims of the asbestos industry. There are two immediate aims: 1) to raise money that will allow a C. T. Scan for every asbestos victim who requires it *and* 2) to highlight the need for the C. T. Scan as a formality within our national health service. *2*

Under the existing rules and regulations people who seek cash allowances under the Diseases Benefit Scheme run by the DSS have to prove 'causation'. They have to show that the disability they have is a direct effect of exposure to asbestos dust. What this means is that traces of asbestos dust have to be found inside them, usually in their lungs. It isn't enough that a man's work-record shows he has been working directly with asbestos for the past forty or fifty years, nor is it enough that a man's wife has been laundering his workclothes for that period of time. The state requires further 'evidence'. In other words if you exhibit the symptoms of asbestos-related diseases plus the fact that you have been exposed directly to asbestos dust - through no fault of your own - is not regarded as proof that you are a victim of asbestos dust.

At present the DSS demands medical reports from a minimum of SEVEN doctors for each individual person who makes a claim for disability allowance; your own G.P., three from the pneumoconiosis panel-board plus three or more at the respiratory department at the Royal Infirmary which involves a team of physiotherapists and is so rigorous those who have had to endure it have collapsed. Frequently the claimant must undergo a biopsy to provide proof to the authorities. Or to undergo two biopsies.

Sometimes even three biopsies. A biopsy is a major operation; the patient goes under the knife. The surgeon searches inside the lungs and other parts of your body for traces of asbestos dust. A great many patients die as a result of these biopsies. In some cases the death rate is a staggering 7 out of 10. Thus in the act of providing physical evidence of their condition the victims of asbestos exposure undergo acute physical suffering, often fatally. The record is so gruesome that experienced workers at the Clydeside Action on Asbestos office advise claimants to steer clear of the operating table (those who refuse the biopsy are described by the authorities as 'hostile patients').

For the purpose of the Diseases Benefit Scheme the person who finally decides if a victim suffers from an asbestos-related disease is not a doctor, nor is it two doctors, nor is it even seven doctors. The final judge is the Adjudicating Officer at the DSS. He or she holds absolute and discretionary power. This DSS official takes the findings of the medical profession (which are after all only 'opinions') and then decides if the victim should receive the appropriate allowance. It doesn't matter if your own G.P. tells you that you have asbestosis. The Adjudicating Officer decides whether you've got it 'officially'.

It is for the purpose of gaining justice, of avoiding needless suffering and delay that the C. T. Scan is so necessary. Far too many people are already dead by the time their claim is finally allowed, and where these people and their families were further involved in compensation claims from insurance companies and the asbestos industry the fact that they have died is of great importance - especially in Scotland where a significant proportion of their legitimate claim dies with them. But a C. T. Scan costs money. It cannot be acquired via our national health service and must therefore be acquired privately. At the present time each individual patient must pay a minimum fee of close to £300